



CITY OF ARROYO GRANDE
COMMUNITY DEVELOPMENT DEPARTMENT
**APPEAL OF COMMUNITY DEVELOPMENT
DIRECTOR'S DECISION TO PC**

(Name) _____ (Date)

(Address) _____ (City) _____ (Zip Code)

Project Appeal Name and Case Number _____

Project Approved/Denied by Community Development Director on _____
(Date)

Project Location _____

Reason for Appeal _____

Signature _____

Mailing Address _____

Telephone _____ Email _____

Receipt Number _____ Date _____

Items Required Checklist:

_____ \$491 appeal fee

_____ Two (2) sets of typed, gummed labels on 8 ½" x 11" sheets, listing the names, addresses, and assessor's parcel number of all property owners within a radius of 300 feet of the exterior boundaries of the subject property, along with copies of the applicable assessor's parcel map book pages

Community Development Staff